

**BY ORDER OF THE COMMANDER
GRAND FORKS AIR FORCE BASE**

**GRAND FORKS AIR FORCE BASE
INSTRUCTION 48-101**



27 SEPTEMBER 2012

Aerospace Medicine

BLOODBORNE PATHOGEN PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available for downloading or ordering on the e-Publishing website at www.e-Publishing.af.mil.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: 319 MDOS/SGOL

Certified by: 319 MDG/CC
(Col Jane G. Denton)

Supersedes: GRANDFORKSAFBI48-101,
1 June 2003

Pages: 16

This instruction establishes standardized procedures for education and training programs, developing exposure control plans, and medical management for workers on Grand Forks AFB who have the potential to be exposed to blood and body fluids in the course of their assigned duties. It applies, but may not be limited to the following personnel: Medical personnel; Fire Department personnel; Law Enforcement personnel; Mortuary Affairs personnel; Life Guard personnel; the Office of Special Investigations personnel (OSI); and Life Support personnel. In emergency conditions, sections of this instruction could apply to other personnel. This instruction also applies to US Air Force Reserve or Air National Guard units or members who have been "Federalized" under Title 10 of the United States Code and are assigned to Grand Forks and working on base. The use of any name of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force. Ensure that all records created as a result of processes prescribed in this publication are maintained In Accordance With (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW with the Air Force Records Information Management System (AFRIMS) located at <http://www.my.af.mil/gcss-af61a/afrims/afrims/>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional's chain of command.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed.

1. Responsibilities:

1.1. Unit Commanders will ensure all personnel at risk for occupational exposure to potentially infectious material are adequately protected, receive initial orientation and annual training, and comply with established guidelines and requirements defined in this plan and 29 CFR (Code of Federal Regulation) 1910.1030.

1.2. Commanders of organizations with personnel at risk for occupational exposures will designate an office of primary responsibility (OPR) for notifying Public Health (PH) of exposed personnel, monitoring compliance with engineering and work practice controls, personal protective equipment (PPE), housekeeping, elements of hazard communication, and training documentation.

1.3. Each active duty member, government employee, contract employee, student, or volunteer assigned or attached to work in any capacity in any affected organization is individually responsible to be knowledgeable and compliant with this plan.

1.4. The 319th Medical Group (MDG) will provide:

1.4.1. Medical oversight for eligible workers exposed to potentially infectious materials in the course of their duties to include:

1.4.1.1. The Hepatitis B vaccination (Hep B) series at time intervals of 0, 1 month, and 6 months for eligible workers within 10 days upon assignment.

1.4.1.1.1. The Hep B series is mandatory for all active duty military personnel.

1.4.1.1.2. The Hep B series will be offered to all eligible civilian employees at no cost. If someone declines the Hepatitis B vaccine, they must sign a Declination Statement ([Attachment 2](#)) to be filed in the individual's medical record and kept for the duration of employment.

1.4.1.1.2.1. For civilian workers who do not have a medical record stored in patient administration, a the Declination Statement will be given to the individual and a copy kept by the patient administration section.

1.4.1.2. Medical treatment, follow-up, a written medical opinion and documentation for personnel with percutaneous and non-percutaneous exposure to potentially infectious materials.

1.4.2. Medical education to workers potentially exposed to infectious materials in the routine course of their duties.

1.4.3. Initial training to organization supervisors through PH (or other formal training organizations if approved by PH) on requirements outlined in CFR 29 1910.1030, and proper techniques and prevention of exposure to potentially infectious materials.

1.4.4. Technical advice and supervisory assistance on training, decontamination and types of PPE needed to protect workers.

1.4.5. Means of disposal of waste contaminated with blood and body fluids, when requested, and in emergency situations—biohazard bags.

1.5. Organizations with workers exposed to potentially infectious materials will:

1.5.1. Develop Exposure Control Plan for their specific worksite and workers (see [Attachment 3](#) for an example).

1.5.1.1. Review and update annually.

1.5.1.2. Submit the plan to the 319 MDG Public Health office for review prior to adopting it.

1.5.2. In accordance with (IAW) CFR 29 1910.1030, develop, schedule, provide and document training to workers on the medical aspects of exposure to potentially infectious materials, organizational procedures, and the storage and use of PPE.

1.5.3. Ensure all active duty members with potential exposure in their organization receive the three doses of the Hepatitis B series and all civilians are offered the series free of charge. Civilians refusing to receive the Hepatitis B series must sign the Declination Statement ([Attachment 2](#)).

1.5.4. Ensure adequate PPE is available for workers to use at times of potential exposure to blood or body fluids. PPE includes, but is not limited to: gloves, masks, goggles, face shields, rubber aprons, etc., depending upon the level of potential exposure.

1.5.5. Have supervisors enforce the wear of PPE during procedures where there is potential exposure to blood or body fluids.

1.5.6. For purposes of documenting training, section supervisors will:

1.5.6.1. Ensure initial and annual training are documented on the employee's AF Form 55, *Employee Safety and Health Record*. If the organization uses a computerized training record, it may be used in conjunction with AF Form 55. Member's information must include: date of training, worker's name and signature, social security number, job title, and whether training is initial or annual.

1.5.6.1.1. OSI personnel will conduct and document their BBP training through the Learning Management System, which is provided by HQ OSI. It does not need to be approved by PH.

1.5.6.2. Maintain documentation of training for a minimum of 3 years.

2. Procedures:

2.1. Base accidents/incidents with potentially infectious material spillage.

2.1.1. Fire Department and Emergency Services will:

2.1.1.1. Provide emergency rescue and render first aid utilizing standard precautions.

2.1.1.2. Ensure other responders (e.g., Security Forces, the OSI, etc.) are aware of any bloody contamination hazard.

2.1.2. Security Forces will:

- 2.1.2.1. Secure the accident/incident area, using appropriate means, to prevent personnel from unnecessary exposure to potentially infectious material spillage.
- 2.1.2.2. Notify Civil Engineering to provide a contracted cleaning service for clean up.
- 2.1.3. Civil Engineering will:
 - 2.1.3.1. Submit appropriate forms to Base Contracting for appropriate clean-up of areas contaminated with potentially infectious materials due to an accident/incident.
 - 2.1.3.2. Utilize standard precautions, if requested by contracted cleaning service, when assisting in removal of contaminated materials (e.g., carpet, wallboard, molding, etc.).
- 2.1.4. Base Contracting will maintain a list of available cleaning services able to perform decontamination of potentially infectious material spills.
- 2.2. If a potentially infectious material exposure takes place in the work place:
 - 2.2.1. Immediately refer the individual exposed and if possible, the source of the exposure to the 319th Medical Group.
 - 2.2.1.1. If an exposure occurs after hours, the member will immediately go to the Altru emergency room.
 - 2.2.2. Equipment or surfaces which become contaminated with blood or other infectious material will be decontaminated by the organization who has functional responsibility for the building, grounds, or equipment; or the organization is responsible for requesting a cleaning service to decontaminate the area. (Contact Base Contracting for a list of available services.) Individuals who are responsible for the cleaning will wear appropriate PPE, including, but not limited to gloves, protective eyewear, and a smock. For emergency situations, PH can brief clean-up personnel on personal protection prior to actual clean up. PH can be reached at 747-5511 during normal duty hours and through the on-call phone at 701-330-5580 after duty hours.
 - 2.2.3. Appropriately decontaminate surfaces soiled with the potentially infectious materials, if feasible, using trained personnel to limit exposure of other personnel in the area. See [Attachment 4](#) for decontamination procedures.

TIMOTHY E. BUSH, Colonel, USAF
Commander, 319th ABW

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens; Final Rule, Occupational Safety and Health Administration (OSHA).

AFI 44-108, *Infection Control Program*, 01 July 2000

MDGI 44-017, *Evaluation, Treatment, and Controlling of Occupational Exposures to Blood, Body Fluids, and Other Potentially Infectious Materials*, 03 September 2010

Prescribed and Adopted Forms

Prescribed Forms: There are no forms prescribed by this publication.

Adopted Forms: AF Form 847, *Recommendation for Change of Publication*.

Abbreviations and Acronyms

CFR—Code of Federal Regulation

Hep B—Hepatitis B vaccination

IAW—In Accordance With

ICP—Infection Control Preventionist

OSI—Office of Special Investigation

PH—Public Health

PPE—Personal Protective Equipment

Terms

Accountable Forms—Forms that the Air Force stringently controls and which cannot be released to unauthorized personnel, since their misuse could jeopardize DOD security or result in fraudulent financial gain or claims against the government.

Administrative Change—Change that does not affect the subject matter content, authority, purpose, application, and/or implementation of the publication (e.g., changing the POC name, office symbol(s), fixing misspellings, etc.).

Approval Authority—Senior leader responsible for contributing to and implementing policies and guidance/procedures pertaining to his/her functional area(s) (e.g., heads of functional two-letter offices).

Authentication—Required element to verify approval of the publication; the approval official applies his/her signature block to authenticate the publication. The signature block includes the official's name, rank, and title (not signature).

Bloodborne Pathogens—Diseases that are commonly spread from one person to another through blood or body fluids. Examples include Hepatitis B and HIV/AIDS.

Contaminated— The presence or reasonably anticipated presence of blood or other potentially infectious material on an item or surface.

Decontamination— The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling or use.

Exposure— Eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or certain body fluids.

Parenteral— Taken into the body other than through the digestive system.

Percutaneous— Effected, passed or performed through, or by means, of the skin.

Potentially Infectious Materials— Blood, semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and any body fluid that is visibly contaminated with blood. This does not normally apply to urine or stool, unless visible blood can be seen.

Standard Precautions— An approach to infection control. All human body fluids are treated as if known to be infectious.

Attachment 2

HEP B DECLINATION STATEMENT

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE																							
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)																							
	PUBLIC HEALTH/COMMUNITY HEALTH MANAGEMENT ELEMENT																							
	319 MDOS/SGOL																							
	Grand Forks AFB, ND 58205																							
	HEPATITIS B VACCINE DECLINATION STATEMENT																							
	The Hepatitis B Vaccine (HBV) is a non-infectious vaccine which provides protection against acute Hepatitis B, asymptomatic infection and chronic carrier state. Hepatitis B will not prevent Hepatitis caused by other agents, such as Hepatitis A Virus, Non-A/Non-B Hepatitis Virus, or other viruses known to infect liver.																							
	I _____, understand that due to my occupational exposure to blood, body fluids, or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood, body fluids, or other potentially infectious material during my employment at Grand Forks Air Force Base and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccine series at no charge to myself.																							
	EMPLOYEE'S SIGNATURE		DATE:																					
	WITNESS SIGNATURE		DATE:																					
	Actual form will be used by Public Health or Immunizations at time of declination																							
<table border="1"> <tr> <td colspan="2">PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)</td> <td>RECORDS MAINTAINED AT: Grand Forks AFB, ND</td> </tr> <tr> <td colspan="2">PATIENT'S NAME (Last, First, Middle Initial)</td> <td>SEX</td> </tr> <tr> <td>RELATIONSHIP TO SPONSOR</td> <td>STATUS</td> <td>RANK/GRADE</td> </tr> <tr> <td colspan="2">SPONSOR'S NAME</td> <td>ORGANIZATION</td> </tr> <tr> <td colspan="2"></td> <td>DATE OF BIRTH</td> </tr> <tr> <td colspan="2">CHRONOLOGICAL RECORD OF MEDICAL CARE</td> <td>STANDARD FORM 600 (Rev. 5-84) Prescribed by GSA and ICMA FORMS (41 CFR) 201-45.505</td> </tr> <tr> <td colspan="2"></td> <td>(KF-VI) (PerFORM 710)</td> </tr> </table>				PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)		RECORDS MAINTAINED AT: Grand Forks AFB, ND	PATIENT'S NAME (Last, First, Middle Initial)		SEX	RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	SPONSOR'S NAME		ORGANIZATION			DATE OF BIRTH	CHRONOLOGICAL RECORD OF MEDICAL CARE		STANDARD FORM 600 (Rev. 5-84) Prescribed by GSA and ICMA FORMS (41 CFR) 201-45.505			(KF-VI) (PerFORM 710)
PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)		RECORDS MAINTAINED AT: Grand Forks AFB, ND																						
PATIENT'S NAME (Last, First, Middle Initial)		SEX																						
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE																						
SPONSOR'S NAME		ORGANIZATION																						
		DATE OF BIRTH																						
CHRONOLOGICAL RECORD OF MEDICAL CARE		STANDARD FORM 600 (Rev. 5-84) Prescribed by GSA and ICMA FORMS (41 CFR) 201-45.505																						
		(KF-VI) (PerFORM 710)																						
Form # 1326																								

Attachment 3**EXPOSURE CONTROL PLAN****Exposure Determination:**

1. List of job classification where all employees have potential exposure to bloodborne pathogens.

(List Job Title and Air Force Specialty Code (AFSC))

1.1. List of job classification where some employees have potential exposure to bloodborne pathogens.

(List Job Title and AFSC)

1.2. List of tasks and procedures in which potential occupational exposure to bloodborne pathogens occurs for job classifications listed in paragraph 1.2, this attachment.

2. Schedule and Methods of Implementation:

2.1. Standard Precautions. The mandatory use of standard precautions is now in effect. The term "standard precaution" refers to an infectious disease control system intended to prevent health care and public safety workers from parenteral, mucous membrane, and non-intact skin exposures to human pathogens. It is assumed that all blood and body fluids (semen, vaginal fluids, cerebrospinal, lymph, pericardial, and so forth) are potentially infectious and therefore appropriate barriers must be established between the patient's blood, body fluids, and other infectious materials and the health care or public safety worker.

2.2. Engineering and Work Practice Controls. Standard precautions in conjunction with effective work practice controls will be used to minimize or eliminate potential exposure risk to bloodborne pathogens.

2.2.1. Handwashing Facilities. Handwashing facilities are located throughout the section in _____. In areas where handwashing facilities are not available, antiseptic hand cleaners will be provided for limited use; however, hands will be washed with soap and running water as soon as feasible.

2.2.2. Handwashing Enforcement. Handwashing is a responsibility of each employee. Enforcement of this responsibility falls upon the employee's supervisor. At a minimum, hands will be washed:

2.2.2.1. Immediately or soon after removal of gloves or personal protective equipment (PPE).

2.2.2.2. With soap and water. Other skin areas will be washed with soap and water, or mucous membranes will be washed with water immediately or soon after coming in contact with blood or other potentially infectious material.

2.2.2.3. Before and after performing any personal body function, such as eating, sneezing or using the restroom.

2.2.2.4. Before and after touching wounds, whether surgical, traumatic or associated with an invasive device.

2.2.2.5. After touching inanimate sources (that is, equipment being used) that are likely to be

contaminated with blood or body fluids.

2.2.2.6. After any situation which microbial contamination of hands is likely to occur.

2.2.2.7. Before departure for home.

2.2.2.8. Handwashing will be encouraged when employee is in doubt about the necessity for doing so.

2.2.2.9. If Skin is contaminated with blood or body fluids cannot be washed, it will be cleaned with water-less disinfectant to remove blood from the skin. The skin will be washed with soap and water as soon as the contaminated individual can be taken to an area where water is present.

2.2.3. Handling Contaminated Needles, Sharp Instruments, or other contaminated Articles. Education programs should stress proper management of needles, sharp instruments, or other contaminated articles. Workers should be aware of the occupational health hazards concerning their use. Common sense, safety, and environmental concerns should be paramount in the workers' handling and disposing of needles, sharp instruments, or other contaminated articles. Emphasis should be placed on minimal handling of these items.

2.2.3.1. Sharp instruments, broken glass, needle/syringe units or other sharp objects which are contaminated with blood, body fluids, or other potentially infectious materials will not be picked up by hand; rather, they will be picked up using tongs, forceps, broom and dust pan, or other method which does not require an individual to come into direct contact with the contaminated object.

2.2.3.2. Once picked up, the contaminated object will be placed into puncture-resistant, leak-proof biohazard container and taken to the Family Medicine Clinic for disposal. If an organization does not have a suitable biohazard container for an emergency situation, it can contact the Family Medicine Clinic and arrange to pick one up.

2.2.3.3. Extreme caution must be exercised when disposing of needles and sharp instruments. They must be disposed of in puncture-resistant, leak-proof containers appropriately designated for needle and sharp instrument disposal.

2.2.4. Eating, Drinking and Smoking in Potential Exposure Areas. Eating, drinking, smoking, applying cosmetics/lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure to blood or body fluids. All personal protective equipment must be removed, hands washed and contaminated clothing changed prior to eating, drinking, smoking, applying cosmetics/lip balm, or handling contact lenses after potential exposure to bloodborne pathogens.

2.2.5. Storage of Food and Drinks. Foods and drinks will not be kept in refrigerators, freezers, counter tops or bench tops where the potential for exposure to infectious material exists.

2.2.6. Potentially Infectious Specimen Handling and Disposal. Materials which have been contaminated with blood, body fluids, or other potentially infectious materials will be placed in biohazard bags, sealed and transported to the Grand Forks AFB Family Medicine Clinic in a leak-proof, puncture-resistant container marked with the biohazard symbol for disposal.

2.2.6.1. Color-coded red plastic bags are the primary container for disposal of contaminated wastes.

2.2.6.2. If specimen leakage is anticipated, double or triple bag primary container using color-

coded plastic bags.

2.2.6.3. If a contaminated article could puncture the primary container, the primary container will be placed within a second container that is puncture-resistant. This container should have appropriate biohazard markings.

2.2.7. Equipment and Surface Decontamination. Equipment or surfaces, which become contaminated with blood or other infectious material, will be contaminated by the organization that has functional responsibility for the building, grounds, or equipment. The organization is also responsible for requesting a cleaning service to decontaminate the area. (Contact Base Contracting for a list of available services.) Individuals who are responsible for the cleaning will wear appropriate PPE, including, but not limited to: gloves, protective eyewear, and a smock. For emergency situations, Public Health (PH) can brief clean-up personnel on personnel protection prior to actual clean up. PH can be reached at 747-5511 during normal duty hours and through the PH on-call phone at 701-330-5580 after duty hours.

2.2.7.1. At a minimum, the contaminated surfaces will be cleaned using the following procedures:

2.2.7.1.1. Absorb the spilled material;

2.2.7.1.2. Clean the spill area with a detergent;

2.2.7.1.3. Disinfect the spill with household bleach (Clorox);

2.2.7.1.4. Absorb the disinfectant; and

2.2.7.1.5. Rinse the spill site with water.

2.2.7.2. Dispose of fluids in the sanitary sewer system.

2.2.7.3. Paper products used in the clean-up operation should be placed in a biohazard bag and disposed of IAW paragraph 2.2.6. of this attachment.

2.2.8. PPE. All employees will use appropriate PPE to minimize or eliminate exposure risks. Equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or to reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes, under normal conditions of use and for the duration of use.

2.2.8.1. Providing PPE. It's the responsibility of the individual organization to provide PPE for their employees. _____ will provide to all employees at risk, PPE to include, but not limited to: gloves, gowns, coats, masks, eye protection, mouthpieces, and resuscitation bags, or other ventilation devices based upon their expected exposures to blood, body fluids, or other potentially infectious materials.

2.2.8.2. Enforcing Wear of PPE. The supervisor will enforce the use of PPE by all employees.

2.2.8.3. Accessibility Of PPE. The supervisor will ensure availability of PPE in the work area. PPE is stored: (List Equipment Type and Storage Location).

2.2.8.4. Cleaning, Maintenance, Repair, Removal and Disposal of PPE. _____ will provide for cleaning, laundering, disposal, repair, and replacement of PPE.

2.2.8.5. All PPE will be removed prior to leaving the work area.

2.2.8.6. If a garment is penetrated blood or other potentially infectious material, the garment will be removed immediately, or as soon as possible afterward.

2.2.8.7. All contaminated PPE will be placed in an appropriate area or container for storage prior to decontamination or disposal. The containers for _____ are located at _____. Contaminated disposable PPE will be handled as described in paragraph 2.2.6. of this attachment.

2.2.8.8. Disposable gloves will be worn when it can be reasonably anticipated that the employee will have direct contact with blood or other potentially infectious material, mucous membrane or non-intact skin, and when handling or touching contaminated items or surfaces. Gloves will be replaced as soon as practical when contaminated, torn, punctured, or when their ability to function as a barrier is compromised. NOTE: Ensure gloves are not left at the accident site.

2.2.8.9. Masks, eye protection, and face shields will be used whenever splashes, spray, splatter, droplets of blood or other potentially infectious material may be generated and contamination of the eye, nose or mouth is a possibility.

2.2.8.10. Other protective clothing such as gowns, aprons, coats, or jackets will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

2.3. Guidance for Proper PPE. The type of PPE to be worn will vary with the situation/procedure performed. The final decision about which PPE is appropriate lies with the supervisor. Medical procedures may require more strenuous guidelines, but here are some general guidelines which may help you in deciding what types of PPE are needed:

2.3.1. Gloves. Heavyweight, puncture-resistant utility gloves, such as those used for dishwashing, are best for housekeeping procedures. For patient-care procedures, use sterile/non-sterile, non-porous latex-free gloves.

2.3.2. Clothing. Cloth or disposable gowns/coats must be used to prevent blood contamination. A disposable plastic apron that covers the torso and thighs is recommended if there is a significant probability that blood or body fluids may be splattered.

2.3.3. Facial Protection. Facial protection should be worn if splattering of blood or body fluids is anticipated. A disposable mask offers protection for the nose and mouth in some situations. Plastic wrap-around safety glasses offer good protection; however, if there is a substantial risk of splattering, a full-face shield or goggles should be worn. Ordinary glasses do not offer adequate protection against splattering. A mouthpiece should be used when performing cardiopulmonary resuscitation (CPR).

2.3.4. Shoes. Waterproof shoe covers should be worn if there is a large spill of potentially infectious fluid.

2.3.5. All PPE must be put into a biohazard waste bag for appropriate disposal or laundering immediately after use.

2.4. Housekeeping. Supervisors are responsible for ensuring work areas are maintained in a clean and sanitary condition. Housekeeping procedures are outlined in _____.

2.4.1. Schedule of Housekeeping Procedures. Operation instructions will be established for

each section, indicating schedule for cleaning and methods of decontamination based upon work area and procedures performed in the area.

2.4.2. Cleaning Surfaces Contaminated with Potentially Infectious Material. All equipment and work surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials, following the directions in paragraph 2.2.7. Contaminated work surfaces will be decontaminated with approved disinfectant after completion of procedures or immediately after any blood or other potentially infectious material spills.

2.4.3. Regulated Waste. Proper disposal of waste contaminated with blood or body fluids is essential to minimizing or eliminating the exposure risk to employees and the general community.

2.4.4. Disposal of Sharp Instruments or Glass. Blood-contaminated or body fluid-contaminated sharp instruments or glass will be discarded immediately in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately as containing biohazard material. These will be taken to the Family Medicine Clinic for disposal.

2.4.5. Other Contaminated Wastes. Contaminated or potentially infectious waste will be placed in biohazard bags. Care must be taken to prevent leakage. The bags will be sealed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

2.5. Laundry. Contaminated laundry will be handled as little as possible with a minimum of agitation to prevent gross microbial contamination of the air and persons handling the laundry. Appropriate PPE will be worn at all times when handling laundry.

2.5.1. Bagging. All contaminated laundry will be bagged at the location it was used and will not be sorted or rinsed in the location of use.

2.5.2. Shipping. Contaminated laundry will be placed and transported in bags or containers labeled or color-coded as biohazard. Wet, contaminated laundry will be placed in bags or containers that prevent soak-through and leakage. The supervisor will ensure employees handling contaminated laundry wear protective gloves and other appropriate PPE. Contaminated laundry will be taken to _____.

2.6. Hepatitis B Immunization. Individuals whose duties involve potential exposure to blood, body fluids, or other potentially infectious materials can receive free-of-charge immunizations for protection against Hepatitis B. The vaccine (Hep B) series will be offered within 10 days upon assignment of employment involving exposure to blood, body fluids, or other potentially infectious materials. Civilian employees may decline the vaccine; however, employees declining the vaccination series must sign a Declination Statement. Send the original statement to PH for filing in the employee's medical record and keep a copy in the work section's exposure control plan (file in a separate area of the plan following training documentation). If duties continue to involve exposure to blood, body fluids, or other potentially infectious materials, employees may request to start the immunization series at any time.

2.6.1. Administration. The Hepatitis B vaccine will be administered by the 319 MDG Immunization Clinic, Grand Forks AFB, ND. It is given in a series of three vaccines at time intervals of 0,1 month, and 6 months.

2.6.2. Procedures. The employee must be given bloodborne pathogen training and offered the

Hepatitis B vaccine within 10 days upon assignment and prior to starting duties that involve exposure to blood, body fluids, or other potentially infectious materials.

2.6.3. Post-Exposure Follow-up. Individuals exposed to blood or body fluids will receive medical follow-up. They will report to Family Medicine Clinic, as soon as possible, after an exposure, for initial evaluation and treatment. PH will then counsel the individual on the risk and ensure follow-up testing and treatment is accomplished. This includes individuals exposed to another's blood or body fluid while performing CPR, other workplace exposures to blood/body fluids even if they have not been previously designated as being at risk of exposure to blood as part of their normal duties, and other non-work related exposures. Patients will receive follow-up and treatment in accordance with the Center for Disease Control guidelines. Address questions about what constitutes an exposure to PH at 747-5511. (The supervisor should first try to determine if an exposure has occurred).

2.7. Record Keeping:

2.7.1. Medical Records. Patient medical records are maintained by the 319th Medical Group.

2.7.2. Training Records. Upon completion of training, the supervisor must ensure that it has been appropriately documented, either electronically or on a designated form. These training records must be kept for a minimum of 3 years.

2.7.3. Each supervisor must document initial and annual training in Block V of each trainee's AF Form 55, Employee Safety and Health Record.

2.7.4. Initial training will be documented as "Initial Bloodborne Pathogen Training" and annual update training will be documented as "Annual Bloodborne Pathogen Training."

2.8. Communication of Hazards to Employees:

2.8.1. Labeling. Contaminated items will be designated by placing them in a biohazard bag or other appropriate leak-proof container which has the biohazard symbol and the word "BIOHAZARD" clearly marked in red on the outside of the container. These containers will not be used for any other purposes.

2.8.2. Training. All employees who have exposure to blood, body fluids, or other potentially infectious materials as part of their regular job (see paragraph 1.1. this attachment, for job listing of those requiring training) will receive initial and annual training on exposures to blood, body fluids, or other potentially infectious materials prior to assuming duties which involve exposure to blood, body fluids, or other potentially infectious materials. At a minimum, training must include the following:

2.8.2.1. OSHA Standard (29 CFR 1910.1030)

2.8.2.2. Epidemiology and symptomatology (statistics, signs and symptoms of the diseases).

2.8.2.3. Modes of Transmission of Bloodborne Pathogens.

2.8.2.4. The work-specific Exposure Control Plan (what's in it, where is it, who's covered).

2.8.2.5. Procedures that might cause exposure to potentially infectious materials.

2.8.2.6. Control methods used to control exposure in a specific workplace.

2.8.2.7. PPE available.

2.8.2.8. Post-exposure procedures and follow-up.

2.8.2.9. Signs and labels used.

2.8.2.10. Hepatitis B vaccine program.

3. Procedures for Evaluation of Circumstances Surrounding Exposure Incidents:

3.1. Reporting Incidents. Any incident that involves potential exposure to blood, body fluids, or other potentially infectious material will be reported immediately to the supervisor. The individuals receiving exposure and, if possible, the source of the blood, body fluids, or other potentially infectious materials will be taken to the 319th MDG Family Medicine Clinic.

3.2. After initial evaluation and treatment, the individuals will be referred to PH for counseling and follow-up testing.

Attachment 4

DECONTAMINATION PROCEDURES FOR BLOOD AND BODY FLUIDS

The following procedures are recommended for “site-specific” clean-up of spills involving blood or body fluids. Ten percent (10%) household bleach solution is used, but any disinfectant used must be approved first by the 319 MDG Infection Control Review Function. Also, the bleach solution is good for only up to 24 hours. Additionally, outline in the unit’s control plan the procedures for clean-up using the disinfectant.

1. Make a “spill kit” readily available for site clean up. Place ½ cup of household bleach in a dark brown or opaque bottle (sunlight will breakdown bleach). Put the bleach, 1 gallon of water (don’t mix the two until you clean up the spill), one pair of heavyweight, puncture-resistant utility gloves, such as those used for housecleaning and dishwashing, two household sponges, and paper towels or gauze in a plastic container or a box. Label the kit, attach a hazardous material sticker to the container and place in an area where a spill may occur or in the trunk of a security vehicle, etc. Also, have the following available for large spills or spills that have the potential for splattering.

1.1. Clothing. Use cloth or disposable gowns/coats to prevent blood contamination of clean-up workers’ clothing. A disposable plastic apron that covers the torso and thighs is recommended if there is a significant probability that blood or body fluids may be splattered onto the clean-up workers. At the completion of clean-up, discard disposable apron into the biohazard waste bag.

1.2. Facial Protection. Wear facial protection if splattering of blood or body fluids is anticipated. A disposable mask offers protection for the nose and mouth. Plastic, wrap-around safety glasses offer adequate protection; however, if there is substantial risk of splattering of blood or body fluids, wear a full-face shield or goggles. Ordinary glasses do not offer adequate protection against splattering. After the completion of clean-up, discard disposable facial protection into a biohazard waste bag.

1.3. Shoes. If the spill is large and/or there is a potential of contaminating the worker’s shoes, wear waterproof shoe covers.

1.4. Do not pick up contaminated sharp objects by hand. If the spill contains broken glass or other sharp objects, these must be picked up without direct contact with hands. Use metal tongs, a broom and dustpan, or rigid sheets of cardboard as a “pusher” and “receiver” to pick up objects. Place sharp objects into a puncture-resistant container prior to placing into a biohazard waste bag.

2. Absorb the spill. Absorb the bulk of spilled material prior to disinfection with disposable, absorbent material (paper towels, gauze pads, or if a small spill, a sponge). If the spill is large, granular absorbent material—like that used to absorb caustic chemical spills--may be used (i.e., kitty litter). Blot (do not wipe up) the spill the allowing the fluids to be absorbed by the towels, etc. After absorption of the liquid, discard all materials into a biohazard waste bag.

2.1. Mix the ½ cup of bleach with 1 gallon of water. Flood the site or wipe down the spill site with disposable towels or sponge soaked in bleach to make the site “glistening wet.” Allow the bleach solution to remain in contact with the infectious material for 20 minutes. (This

disinfecting solution is approximately a 1:10 dilution of household bleach. Larger or smaller solutions may be made following this dilution rate.)

2.2. Absorb the disinfectant with paper towels and dispose of the paper towels in a biohazard waste bag. Alternatively, the spill site may be permitted to air dry.

2.3. Rinse the spill site with water to remove a chemical residue. Dry the site to prevent a slipping hazard.

2.4. Place all disposable materials used in the decontamination process into a biohazard waste bag. Dispose of the remaining disinfectant by pouring down the sanitary sewer. Decontaminate reusable materials and equipment following the above procedures.

2.5. If clothing becomes contaminated with blood or body fluids, it should be removed as soon as possible, the skin washed with soap and water, and the clothing placed in a biohazard bag and disposed of or cleaned by a laundry capable of handling blood-contaminated clothing.